

CHAPTER 11

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CHAPTER 11

LEVEL II: ASSESSMENT

11.1 ASSESSMENT

The Level II assessment is a comprehensive evaluation to determine:

- a) whether NF applicants and residents who have (or are suspected of having) a condition of MI and/or MR/DD meet the criteria for PASRR MI and/or MR/DD; and
- b) whether NF level of services are needed;
- c) whether MI and/or MR/DD specialized services are needed; and
- d) if there is an MI and/or MR/DD condition, whether services of less intensity than specialized services are needed and what those services are.

The PASRR Level II assessment is actually composed of two (2) parts:

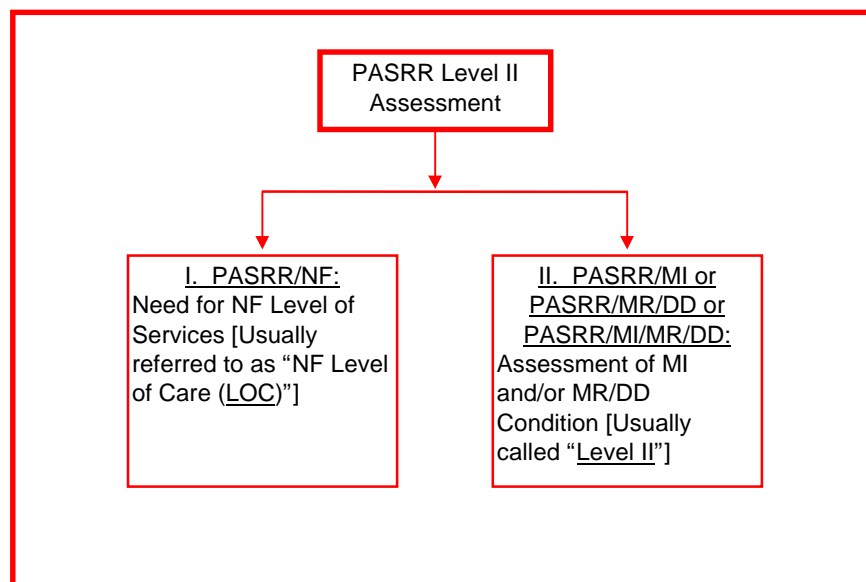
- a) PASRR/NF is the assessment of the need for the level of medical services provided in a NF (NF Level of Services need) documented by the IPAS agency for IPAS or the NF for RR; and
 - b) PASRR/MI or PASRR/MR/DD or PASRR/MI/MR/DD is the assessment for a condition of MI and/or MR/DD and the need for specialized services. This part of the Level II assessment is completed by the CMHC or hospital for MI individuals, and by the D&E Team for persons with MR/DD or MI/MR/DD.
- NOTE: Both parts must be done for a Level II to be complete.

The PASRR Level II assessment and determination should provide the following results/findings:

- a) "Needs/Does Not Need" NF level of services (NF LOS);
- b) "Is/Is Not" MI, MR/DD or MI/MR/DD;
- c) "Needs/Does Not Need" specialized services (SS);
- d) if no SS are needed: "Needs/Does Not Need" services of lesser intensity than SS if admitted to a NF.

11.2 ASSESSMENT COMPONENTS

COMPONENTS OF THE LEVEL II Chapter 13



11.2.1 PASRR/NF (Need for NF Level of Services)

The first part of the Level II assessment is the documentation of need for NF level of services. Based on the submitted documentation, the State MI or MR/DD authority (as appropriate) is required when making their determinations:

- a) to determine for each applicant or resident with MI and/or MR/DD whether, due to his or her physical and mental condition, he or she requires the level of services provided by a NF; and
 - b) to use criteria relating to the need for NF care that is consistent with Medicaid criteria, or any supplementary criteria adopted by the State Medicaid Agency under its approved State Plan.
- For PAS - PASRR/MI Cases Only: At any point that it is determined that the individual does not meet the need for NF services criteria, the IPAS agency:
 - a) may stop the Level II assessment or the Level II assessment process itself; and
 - b) will confer with the State PASRR Unit to confirm the decision; and
 - c) if the State PASRR Unit concurs that there is no need for NF services, will:
 - 1) not make a referral for a PASRR/MI Level II; or
 - 2) notify the CMHC that the Level II does not need to be completed; and
 - d) clearly document the reason the PASRR/MI Level II was not triggered or completed in the case record;
 - e) obtain a completed Inappropriate Referral form from the CMHC; and
 - f) submit the case to the State PASRR/MI Unit for the final case determination (because Level II would have been required, although it was not done).

This provision does NOT apply to MR/DD or RR cases. Under MR/DD and RR, required assessments and determinations (both the NF need documentation and the Level II assessment, if required) must be completed.

If a determination to deny is overturned on appeal or reconsideration, the PASRR/MI or PASRR/MR/DD portion of the Level II assessment must be completed PRIOR to issuance of the corrected determination with the appeal or reconsideration finding.

- NOTE: If a finding of no PASRR/NF need is overturned by either reconsideration or appeal, the PASRR/MI Level II Mental Health Assessment must be completed prior to issuance of a final determination by the State mental health authority.

11.2.1.1 Criteria

The evaluator must assess:

- a) whether the individual's total needs are such that they can be met in an appropriate community setting; or
 - b) whether the individual's total needs are such that they can be met only on an inpatient basis (including placement in a home and community-based services waiver which would offset the need for inpatient services); or
 - c) if inpatient care is appropriate and desired, whether the NF is an appropriate institutional setting; or
 - d) if inpatient care is appropriate and desired, whether the NF is inappropriate and another setting such as an ICF/MR, IMD, or psychiatric hospital is appropriate.
- (Also see Chapter 13.5.)

11.2.1.2 Data

Data considered must be current and relevant to the individual's condition. Data to document the determination must be in written form. Need for NF services data must include at a minimum:

- a) evaluation of physical status (e.g., diagnosis, date of onset, medications, medical history, prognosis, etc.);
- b) evaluation of mental status (e.g., diagnosis, date of onset, history, likelihood that individual may be a danger to himself/herself or others, suicidal ideation, etc.); and
- c) evaluation of functional impairment (activities of daily living, degree of impairment, offsets of the need for care, etc.).

11.2.1.3 Documentation and Process

The following documentation is required for the determination of need for NF services (PASRR/NF).

- PAS: Medical

For PAS, the IPAS agency is responsible to collect available medical information for the determination of need for NF level of services. (The CMHC or D&E Team will provide the other part of the PASRR Level II, namely the PASRR/MI or PASRR/MI/MR/DD assessment, for the IPAS agency to include with the case record. See Chapters 4, 13.3, and 13.4.)

The primary source of medical documentation is:

- a) the Form 450B - Sections I-III, Physician Certification of Need for Long-Term Care Services [see Appendix M]; and/or
- b) when available following temporary NF admission, the MDS (Minimum Data Set) of the NF's Resident Assessment; and
- c) when PASRR/DD, Form 450B - Section VI (see Appendix II); and
- d) for out-of-state NF residents, 30 days of nursing notes; and
- e) any additional pertinent medical documents submitted to support need for NF level of services.

- NOTE: Lack of adequate and incomplete medical documentation supporting need for NF level of services is the primary reason for most denials of NF placement.

For both PAS and RR: PRIOR to submission of the case record for determination, the entity submitting the Form 450B must:

- a) check the Assessment Type at the top of the document and/or enter a notation of the reason the Form 450B is being submitted;
- b) assure that all applicable information is entered in "Section I-Recipient Identification;"
- c) check that the name and address of the NF is entered for the NF to which the individual is being admitted or in which he or she is a resident;
- d) review "Section II-Physician's Medical Evaluation" for completeness;
- e) assure that the physician has certified the level of care, signed and dated the form; and
- f) review and assure that any additional documentation submitted is complete.

- RR: Medical

RR cases may use the same documentation as PAS or submit other/additional medical documentation and records to determine the need for NF level of services (also see Chapter 14.):

- a) Yearly RR (YRR) (Chapter 14.4) requires proof of a prior determination of need for NF services documented on:
 - 1) a PAS Form 4B; or
 - 2) a state-certified Form 450B, Physician Certification; or
 - 3) if NF need was first determined as a result of a prior Significant-Change Level II, for a resident under IPAS penalty, the PASRR certification form; or
 - 4) if need for NF level of services has never been determined, but a Level II should have been completed in the past, follow procedures for either Significant-Change RR or Missed Significant-Change RR. (See below and Chapter s 14.2 or 14.3.)
- b) Significant-Change RR (Chapter 14.2) requires:
 - 1) same documents as YRR numbers 1 - 3, above; and also
 - 2) current medical information, which may include:
 - i) a current MDS; and/or
 - ii) a new Form 450B, Sections I-III; and/or
 - iii) additional medical information attached to the prior certified Form 450B; and/or
 - iv) nurses notes; and/or
 - v) other documents.

- NOTE: For RR it is the NF's responsibility to provide sufficient documentation for the State PASRR Unit:

- a) to verify that need for NF level of services was previously made (YRR, Missed PAS, or Missed YRR); or
 - b) for residents admitted under IPAS penalty who did not require PASRR, to make a determination of need for NF level of services (Significant-Change RR or Missed Significant-Change RR).
- NOTE: The CMHC or D&E Team is not required to make a judgment on the adequacy or appropriateness of documentation submitted by the NF to show medical need for NF level of services.
 - a) Documentation submitted by the NF to the CMHC or D&E Team should be included with the Level II case sent to the state authority for determination.
 - b) When insufficient, the State PASRR Unit will get additional documentation directly from the NF. (See Chapter 14 for RR.)
 - c) When medical documentation is missing from the case record, the case will not be processed and will be returned to the CMHC or D&E Team for missing documentation.

11.2.2 PASRR/MI

The second part of the Level II process is the PASRR/MI evaluation for individuals with a condition of MI, commonly called the "Level II." The results of MI Level II mental health assessments are to be recorded on forms prescribed by the State PASRR Unit which:

- a) are self-contained, because directions necessary for completion are contained on the form itself; and
 - b) are developed to elicit specific documentation required by federal law for the PASRR/MI determination.
- Additional documentation pertinent to the case may be also appended.

11.2.2.1 Assessment of Mental Health

The PASRR/MI Level II mental health assessment must:

- a) be an independent physical and mental evaluation;
- b) performed by an entity other than the State mental health authority (see Chapter 11.3.1.2);
- c) which reviews, at a minimum, the areas stipulated on the designated Level II: PASRR/MI Mental Health Assessment form (See Appendix Z.); and
- d) provides findings which are adequately summarized, recorded, and appropriately certified on the PASRR/MI Level II form.

The PASRR/MI assessor must make an independent finding of whether the individual;

- a) has a condition which meets the PASRR/MI definition of mental illness (MI) (See Chapter 13.2.1.1 and Appendix C.); and
- b) needs specialized mental health services (See Chapter 13.5.1.); or
- c) if specialized services are not required, needs mental health services of lesser intensity than specialized services while residing in a NF (See Chapter 13.5.2); and
- d) if so, identify the mental health services to be provided in the NF.

The PASRR/MI Level II assessment must:

- a) result in a determination of the AXIS I, II and III diagnoses, independent of those diagnoses recorded on the chart or other medical records; and
- b) document and support these findings on the Level II form itself.

- NOTE: When more than one (1) Axis I diagnoses is determined, they must be ranked in order of predominance with the principal/primary condition listed first.

11.2.2.2 Definition of Mental Illness

See Appendix C for the full definition of mental illness (MI).

In brief, an individual is considered to have a condition of mental illness if he or she:

- a) has a current primary or secondary diagnosis of a major mental illness (as defined in DSM-IV or the current Diagnostic and Statistical Manual) limited to the following: schizophrenic, schizoaffective, mood (bipolar and major depressive type), paranoid or delusional, panic or other severe anxiety

disorder; somatoform or paranoid disorder; personality disorder; atypical psychosis or other psychotic disorder (not otherwise specified); or another mental disorder that may lead to a chronic disability; and

- b) does not have a concurrent PRIMARY (PRINCIPAL) diagnosis of documentable dementia (including Alzheimer's Disease or related disorder).

- NOTE: For purposes of the PASRR program, a diagnosis of alcoholism (ETOH) without any indicator of a major mental illness as defined above will not require a PASRR/MI Level II. Behavioral problems due to alcoholism or dementia do not trigger a Level II, but should be clearly identified to a NF which is considering admission so the NF can determine whether it can meet the individual's needs.

The exception to this criteria is an individual who is an inpatient in a state psychiatric hospital. (See Chapter 10.3.5.)

An IPAS agency should:

- a) always thoroughly question and explore requests for admission from inpatient psychiatric units;
- b) to determine and assure, as much as possible, that there is not a co-existing diagnosis of major mental illness (or for dementia patients, a diagnosis of serious MI which is primary to the dementia);
- c) before certifying on the bottom of the Level I that Level II is not needed.

11.2.2.3 Designated MI Assessors

Public Law 101-508, Section 4801(b)(1-8), referred to as OBRA '90, restricts entities that may conduct PASRR assessments and determinations. Under U.S.C. 1396r, Section 1919(b)(3)(F)(iii) states: "A state mental health authority and a State mental retardation or developmental disability authority may not delegate (by subcontract or otherwise) their responsibilities under this paragraph to a nursing facility (or to an entity that has a direct or indirect affiliation or relationship with such a facility)."

42 CFR 483.106(e)(3) further clarifies this provision: "The evaluation of individuals with MI cannot be delegated by the State mental health authority because it does not have responsibility for this function. A person or entity other than the State mental health authority must perform the evaluation function. In designating an independent person or entity to perform MI evaluations, the State must not use a NF or an entity that has a direct or indirect affiliation or relationship with a NF."

Interpretative guidelines published in the Federal Register dated November 30, 1992 provides the following clarifications and instructions:

"Individual physicians or mental health professionals (unless they are owners, operators, or employees of the NF) would not be precluded from performing those portions of the PASRR evaluations which they are qualified to perform....local boards which own or operate public nursing facilities (NFs) are barred from PASRR evaluations."

Each entity completing a PASRR/MI Level II assessment must review and assess its activities in this regard to assure that this requirement is met.

- NOTE: This requirement does not apply to completion of the PASRR Level I: Identification Screen. As indicated on the Level I form, the physician, hospital discharge planner, NF, case manager, or other professional who knows or is able to ascertain sufficient knowledge of the applicant's condition, may complete the eight questions (Level I) on this specific form. (See Chapter 2.5.)

Under Indiana's PASRR program, only the following entities are authorized to conduct PASRR evaluations:

- CMHC: The Indiana licensed Community Mental Health Centers (CMHC) are the agencies authorized to complete PASRR/MI Level II Mental Health Assessments for PAS and RR as follows:
 - a) the CMHC serving the area in which the individual is located will complete the Level II assessment; except that for

- b) residents of a State Psychiatric Hospital, the CMHC which has gatekeeper responsibility for the individual has primary responsibility for completion of the PAS/PASRR Level II.

The gatekeeper CMHC:

- a) has the option to defer completion of the Level II to the closer CMHC which serves the locality of the State Psychiatric Hospital, e.g., when geographic distance makes completion of a Level II impractical and/or cost prohibitive;
 - b) must work out details of the deferral with the local CMHC to assure that the federal PAS timeliness requirement is met; and
 - c) must assure that the referring IPAS agency is notified, in writing, when a gatekeeper CMHC which is not also the local CMHC is responsible for the Level II.
- Indiana Hospitals: Under specific circumstances, a hospital is also authorized to conduct a PASRR/MI Level II Mental Health Assessment. All requirements for the Level II Assessment must be met, including:
 - a) the assessed individual is receiving care in the hospital's acute care inpatient bed and needs transfer into a Medicaid-certified non-acute care (nursing facility) bed or unit; and
 - b) all areas of the PASRR/MI Level II Mental Health Assessment are:
 - 1. thoroughly completed, meeting PASRR/MI standards;
 - 2. signed and dated by a certified social worker on page 2; and
 - 3. certified by a board-certified or board-eligible psychiatrist on page 4; AND
 - c) the individual is not being admitted into a non-acute bed in which the hospital has an interest or affiliation.

11.2.2.4 PASRR/MI Assessment Forms

- The Assessment of Mental Health form (State Form 43064/BAIS 0036) (see Appendix Z) is the established format for documenting the PASRR/MI mental health portion of the Level II.
- The Inappropriate Referral for Level II Assessment form (State Form 47180/BAIS 0028) (see Appendix BB) may be completed and issued by a CMHC in lieu of the PASRR/MI Level II assessment. (See Chapter 13.3.2.)
- The Summary of Preliminary Findings and Recommendations of PASRR/MI Level II Mental Health Assessment form (State Form 47183/BAIS 0030) (See Appendix AA):
 - a) must be completed by the assessor as soon as an assessment is done;
 - b) will record the Level II findings and recommendations prior to review and certification by the psychiatrist;
 - c) meets federal requirements to provide the assessment findings to the resident, his or her guardian or legal representative, and the NF;
 - d) provides a format for the assessor's exit interview with the NF; and
 - e) should be placed on the resident's chart until the case packet with the final determination is received:
 - 1) as proof that the Level II assessment was completed; and
 - 2) for utilization by the NF for patient care planning.

11.2.2.5 PASRR/MI Referral Termination

At any point that a PASRR Level II is terminated prior to completion, the CMHC must document the reason that it was not completed on the Level II "Inappropriate Referral" form (see Appendix BB).

- Use of the "Inappropriate Referral" form is reserved for the CMHC only. When appropriate, the completed "Inappropriate Referral" will be processed in lieu of a PASRR/MI Level II. It may be used to document:
 - a) why a required PASRR/MI Level II is not completed;
 - b) why a referral for PASRR/MI Level II from the IPAS agency is deemed to be unnecessary; and
 - c) situations when PASRR/MI Level II is deferred until a later date, including an explanation of the individual's condition and a caveat holding the NF responsible to monitor the resident and make

referral for Level II as soon as the resident can participate. (For example, an individual in delirium or a comatose state cannot be assessed until the condition clears or ameliorates enough for the individual to participate in the interview.)

11.2.2.5 PASRR/MI Assessments by Hospital

To expedite discharge and avoid delays, an acute care hospital may choose to complete the PASRR/MI Level II assessment.

As part of its discharge planning, each hospital:

- a) should identify patients at risk of possible NF placement as soon as possible following admission;
- b) through an "early warning system" implemented for those inpatients who will require IPAS and/or PASRR assessment.

To complete the Level II, the hospital should follow directions on the Level II: Mental Health Assessment form itself and this Manual.

- For PAS, the hospital should:
 - a) FAX the Level II and other IPAS documents directly to the IPAS agency; and
 - b) immediately mail or deliver the originals to the IPAS agency; and
 - c) provide copies to the chosen NF.
- For RR, the hospital will need to identify whether PASRR Level II is needed prior to or after NF readmission. (See Chapter 14.1.4.2.)

When Level II is required prior to return to a NF, the hospital may:

- a) complete the PASRR/MI Level II; or
- b) make a referral directly to (or have the NF contact) the local CMHC to complete the Level II. (See Chapter 14.2.4 for procedures to notify the CMHC to do a Level II).

If the hospital completes the RR PASRR/MI Level II, it should:

- a) assure that the case documents include, at a minimum:
 - 1) a cover sheet or letter of explanation;
 - 2) a new 450B Physician Certification for Long-Term Care and/or other medical documentation to support need for NF level of services;
 - 3) the PASRR/MI Level II Assessment of Mental Health (completed by the hospital);
 - 4) a copy of the Form PAS 4B or a "state-certified" Form 450B, Physician Certification (obtained from the NF from which the individual was admitted); and
 - 5) other documentation deemed pertinent and necessary; and
- b) FAX the Level II assessment and other required documents directly to the State PASRR/MI Unit.

THE HOSPITAL MUST IMMEDIATELY MAIL THE CASE HARD COPIES DIRECTLY TO THE DESIGNATED NF.

- NOTE: Failure of the hospital to send the case hard copies to the NF may jeopardize future acceptance of faxed cases from that hospital. Furthermore, the NF may be in jeopardy of denial of reimbursement and in noncompliance with program requirements.

Upon receipt of a faxed PASRR/MI RR case, the State PASRR Unit will:

- a) immediately review the case record; and
- b) return FAX the RR determination to the NF designated by the hospital. (Sometimes verbal approval will be given by telephone pending issuance of the determination form.)

When the hospital also wants a copy of the determination, it should make a clear note to that effect on its FAX cover sheet, including the hospital's FAX number.

11.2.3 PASRR/MR/DD or PASRR/MI/MR/DD

For individuals with a condition of MR/DD and MI/MR/DD, the second part of the evaluation is the PASRR/MR/DD or PASRR/MI/MR/DD evaluation.

ONLY the contracted Diagnosis and Evaluation (D&E) Teams are authorized to perform the PASRR/DD Level II.

When collateral information appears to support that the individual is not MR/DD, the IPAS agency should:

- a) provide this information to the D&E Team when the referral for Level II is made;
- b) including information about completion of school, an independent work history, raising a family, or other life accomplishments not usually ascribed to individuals with MR/DD.

It may help the D&E Team expedite a determination of whether the individual meets the criteria for developmental disability.

11.2.3.1 Definition of MR/DD

For purposes of PASRR, a suspected condition of MR/DD or MI/MR/DD always requires review by the BDDS Field Office to determine whether an individual meets the qualifications for having a condition of developmental disability. This certification must be documented in writing.

An individual is considered to have a condition of mental retardation/developmental disability if he or she:

- a) has a severe, chronic disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or a condition, other than mental illness, closely related to mental retardation in that the impairment of general intellectual functioning or adaptive behavior are similar to that of mental retardation; and
- b) the condition manifested itself prior to age 22, is likely to continue indefinitely, and requires that the person have 24-hour supervision; and
- c) as a result of the condition, the person has substantial functional limitations in three or more of the following major life areas: self care, understanding and use of language, learning, mobility, self direction, capacity for independent living.

When an individual is:

- a) determined to be not MR/DD; but
- b) has or is suspected of having a condition of serious MI; referral for PASRR/MI Level II by the CMHC must be done.

- NOTE: The case record must include the MR/DD certification that the individual is not MR/DD and the NF should maintain it on the resident's chart.

11.2.3.2 Dual Diagnosis (MI/MR/DD)

An individual is considered to have a dual diagnosis if he or she has both MI and MR/DD. The MR/DD condition is always considered to be the primary condition for PASRR purposes. These individuals must always be referred to the D&E Team for the MR/DD Level II.

11.2.3.3 Designated MR/DD Assessors

Federal law and regulations cited in Chapter 12.2.2.4 also apply to assessors for MR/DD and/or MI/MR/DD assessments and determinations.

In Indiana the designated and contracted entity to perform MR/DD evaluations is the local D&E Team working with the local BDDS Field Services offices.

11.2.3.4 PASRR/MR/DD Assessment Forms

In addition to the forms required for IPAS, the PASRR/MR/DD portion of the Level II requires the following forms for PAS and for RR.

- The "Pre-Admission Screening/Resident Review Certification for Nursing Facility Services" (State Form 46922(R/2-98)/BAIS 0024) provides a summary of the PASRR/MR/DD determination certification. It must accompany the other documents listed here and will usually be placed on top.
- A multi-page electronic form, titled "Case Analysis: Preadmission Screening" or "Case Analysis: Resident Review," is the PASRR/MR/DD portion of the Level II. The number of pages may vary according to the individual's condition and identified needs.

- The “Certification By Physician for Long-Term Care Services and Physical Examination for PASRR Level II” (State Form 45278(2/92)/Form 450B/PASARR2A - Section VI) provides supplemental medical information required by 42 CFR 483.136.
- “Definition of Specialized Services for PAS/ARR” (State Form 46921(3/95)/BAIS 0023) is an optional form used to record the Level II service(s) findings. If the form is not used, the information, which it would have identified, must be recorded elsewhere in the D&E assessment.

11.3 SPECIALIZED SERVICES (SS)

Specialized Services are intensive services identified through the Level II Assessment that are needed to address certain identified needs related to an individual's condition of MI and/or MR/DD. These services are of a duration and/or intensity that they are not typically provided within or by a nursing facility. Listed below is the definition of PASRR Specialized Services as defined in Indiana's Medicaid State Plan.

11.3.1 Definition of SS

As defined in the Indiana State Plan Amendment 1-1-93 under Title XIX of the Social Security Act, “specialized services are those services identified through the Level II Assessment which are required to address the identified needs related to the person's developmental disability and/or mental illness....” See the back of Appendix C.)

NOTE: See Chapter 16 for directions and conditions under which the “30-month” rule and choice of setting in which to receive Specialized Services apply. Very specific criteria must be followed before ascribing the PASRR 30-month parameters.

For MI: Specialized services are defined as the implementation of an individualized plan of care developed under and supervised by a physician, provided by a physician and other qualified mental health professionals, that prescribes specific therapies and activities for the treatment of persons who are experiencing an acute episode of severe mental illness, which necessitates supervision by trained mental health personnel. A nursing facility resident with mental illness who requires specialized services shall be considered to be eligible for the level of services provided in an institution for mental diseases (IMD) or an inpatient psychiatric hospital.

For MR/DD: Specialized services for MR/DD may include, but are not limited to, short term inpatient psychiatric care, long term psychiatric care, supported employment, supported employment follow-along, sheltered work, vocational evaluation, work adjustment training, vocational skills training and job placement.

11.3.2 Services of Lesser Intensity than SS

Specialized Rehabilitative Services are those services identified through the Level II assessment which are required to address one's identified needs as a result of their developmental disability and/or mental illness. These services are less intensive than “Specialized Services” and can be provided in a NF or under contract with outside sources.

These services are less intensive than “specialized services” and must be provided by the NF to all residents who need such services. They are identified through the Level II assessment for MI and/or MR/DD and specified through the final determination. These services may be provided in the NF by qualified NF staff or under contract with outside resources.

11.4 LEVEL II CASE PACKET

For each PASRR Level II, the CMHC or D&E Team/BDDS Office will prepare a packet of case documents. The case packet will be distributed as follows.

11.4.1 PAS and RR

- For PAS (See Chapter 13 for a list of documents.):
 - a) PASRR/MI: The CMHC will provide the case packet to the local IPAS agency; and
 - b) PASRR/MR/DD: The D&E Team will provide the case packet to the appropriate BDDS Office, which will process and forward it to the local IPAS agency.

- For RR (See Chapter 14 for a list of documents.):
 - c) PASRR/MI: The CMHC will send the case packet to the State PASRR Unit; and
 - d) PASRR/MR/DD: The D&E Team will send the case packet to the local BDDS Field Office.
- NOTE: For RR, the CMHC or D&E Team is not required to make a judgment on the adequacy or appropriateness of documentation submitted by the NF to support need for NF level of services. When documentation is not sufficient, the State PASRR Unit will contact the NF to resolve discrepancies or get additional information.

There may be private-pay residents who have never had need for NF level of services determined by Medicaid, IPAS or PASRR because:

- a) they were admitted under IPAS penalty for refusal to participate; and/or
- b) have had a significant-change in condition for MI following NF admission; and/or
- c) were missed under IPAS; and
- d) have neither a Form PAS 4B or State-certified Form 450B.

The CMHC or D&E Team assessor should contact the State PASRR Unit to determine how to meet this documentation need for the case packet.

- NOTE: "Current" means that the resident's condition on which the document is based remains the same and has not changed.

11.4.2 MI Summary of Preliminary Findings

At the conclusion of each MI Level II mental health assessment, the CMHC assessor will:

- a) explain the findings to the individual;
- b) complete the "Summary of Preliminary Findings and Recommendations of PASRR/MI Level II Mental Health Assessment" (See Appendix AA.);
- c) give a copy of the Summary of Preliminary Findings and Recommendations to the NF resident (and, if indicated, family, guardian, or personal representative); and
- d) give a copy to the NF at the exit interview.

The CMHC assessor will use it to explain the assessment findings and answer questions.

The NF will:

- a) provide a copy to the NF resident, if needed;
- b) use the Summary of Preliminary Findings and Recommendations for resident care planning; and
- c) place it on the resident's chart until the final MI RR case packet is received.

11.4.3 MI CMHC RR Referral Checklist

For MI, the CMHC RR Referral Checklist form will assist the CMHC to document planning and scheduling activities for Yearly RRs, collect essential tracking data, and list cases submitted to the State PASRR Unit. Information on the Checklist form also provides data essential for initial state entry. The CMHC will:

- a) complete the CMHC RR Referral Checklist form (Appendix EE) [except Column #12];
 - NOTE: In Part 4, check status by substituting "Yearly" for "Routine," and "Significant-Change" for "Non-Routine". The date for "Routine" should be entered as "N/A."
- b) obtain the date of the most recent Level II assessment, if one has been done, and enter the date of the psychiatrist's signature in Column #9. This information should be available from the CMHC files or from the NF chart;
 - NOTE: If no record of a prior Level II can be found, the CMHC should make an explanatory notation in Checklist Column #9, "Date Last L-II Assmt," specifying the reason: "Prior Level II Not Required," "Prior Level II Required and Completed - But Missing," "Prior Level II Required - But Never Referred or Completed," "Resident Transferred, But NF Did Not Notify CMHC." If none of these apply, or more explanation is needed, the CMHC should enter a brief explanatory phrase as necessary.

- c) after the Level II assessment is completed, enter the date of the psychiatrist's signature in Column #12;
- NOTE: A comparison of Columns #9 and #12 on the CMHC RR Referral Checklist will verify whether the RR time limit is in compliance;
- d) attach a copy of the CMHC RR Checklist to the RR case(s) prior to submission to the State PASRR Unit.

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